

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **Q01-1029-US1**First Named Inventor **Nguy****COMPLETE IF KNOWN**Application Number **/**

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MEDIA PRECONDITIONING FOR PERPENDICULAR RECORDING DRIVE**

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

10054355-011702

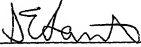
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>MICHAEL ZARRABIAN</b>					
Address <b>1925 Century Park East, Suite 500</b>					
City <b>Los Angeles</b>		State <b>CA</b>		ZIP <b>90067</b>	
Country <b>USA</b>		Telephone <b>310-226-6886</b>		Fax <b>310-226-6887</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)) <b>Hai Chi</b>			Family Name or Surname <b>Nguy</b>		
Inventor's Signature <i>Hai C. Nguy</i>				Date <b>12/18/01</b>	
Residence: City <b>San Jose</b>		State <b>CA</b>		Country <b>USA</b>	
Citizenship <b>USA</b>					
Mailing Address <b>4025 Meridian Avenue</b>					
City <b>San Jose</b>		State <b>CA</b>		ZIP <b>95124</b>	
Country <b>USA</b>					
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)) <b>Steven</b>			Family Name or Surname <b>Lambert</b>		
Inventor's Signature				Date	
Residence: City <b>San Jose</b>		State <b>CA</b>		Country <b>USA</b>	
Citizenship <b>USA</b>					
Mailing Address <b>6506 Hidden Creek Drive</b>					
City <b>San Jose</b>		State <b>CA</b>		ZIP <b>95120</b>	
Country <b>USA</b>					
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

20254355-011702

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>MICHAEL ZARRABIAN</b>			
Address <b>1925 Century Park East, Suite 500</b>			
City <b>Los Angeles</b>		State <b>CA</b>	ZIP <b>90067</b>
Country <b>USA</b>	Telephone <b>310-226-6886</b>		Fax <b>310-226-6887</b>
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR : <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Hai Chi</b>		Family Name or Surname <b>Nguy</b>	
Inventor's Signature			Date
Residence: City <b>San Jose</b>	State <b>CA</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>4025 Meridian Avenue</b>			
City <b>San Jose</b>	State <b>CA</b>	ZIP <b>95124</b>	Country <b>USA</b>
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Steven</b>		Family Name or Surname <b>Lambert</b>	
Inventor's Signature 			Date <b>12/22/01</b>
Residence: City <b>San Jose</b>	State <b>CA</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>6506 Hidden Creek Drive</b>			
City <b>San Jose</b>	State <b>CA</b>	ZIP <b>95120</b>	Country <b>USA</b>
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 4 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
George H.		Bellesis	
Inventor's Signature <i>George H. Bellesis</i>		Date 1/7/2002	
Residence: City Jefferson	State MA	Country USA	Citizenship USA
Mailing Address 59 Heather Circle			
Mailing Address			
City Jefferson	State MA	ZIP 01522	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

10054355-011702


Please type a plus sign (+) inside this box → ☐

PTO/SB/R2A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Steven		Marshall	
Inventor's Signature 		Date <u>1/2/02</u>	
Residence: City	Northboro	State	MA
Country	USA		
Citizenship	USA		
Mailing Address 162 Whitney Street			
Mailing Address			
City	Northboro	State	MA
ZIP	01532	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

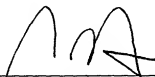
1054355-01702

**GENERAL POWER OF ATTORNEY FOR PROSECUTION OF  
PATENT APPLICATIONS**

We hereby appoint:

Michael Zarrabian, Reg. No. 39,886, of Law Offices of Michael Zarrabian,  
1925 Century Park East, Suite 500, Los Angeles, California 90067, and  
David M. Sigmond, Reg. No. 34,013,

jointly, and each of them severally, with full power of substitution, delegation and  
revocation, to prosecute patent applications, to make alterations and amendments  
therein, and to transact all business in the United States Patent and Trademark  
Office connected therewith. Please direct all telephone calls to Michael Zarrabian  
at (310) 226-6686. Please address all correspondence to Michael Zarrabian.



Glenn H. Stevens, General Counsel  
Maxtor Corporation  
2190 Miller Drive  
Longmont, CO 80501

6/11/01

Date

10054355-011702